



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Kansas, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	
Fluoride treatments (including fluoride varnishes)	X			3 x year	
Sealants (list any tooth-specific limits)	X			1 x year	Occlusal surface only. Teeth must be caries free. Not covered when placed over restorations.
Space maintainers	X			1 x year	Covered service when medically indicated due to premature loss of postier primary tooth. Re cementation not covered within 6 months of initial placement.



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			1 x 6 months	One comprehensive exam per beneficiary per dentist or dental group per lifetime. Only one exam per day per beneficiary, per dentist or dental group.	
X-Rays						
Bitewing	X				Radiographs limited to \$60 per date of service.	
Full Mouth	X			1 x every 3 years		
Panoramic	X			1 x every 3 years		



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				Total number of surfaces per tooth per material type are reimbursed; not total number of restorations per tooth	
Tooth colored composite	X				Total number of surfaces per tooth per material type are reimbursed; not total number of restorations per tooth	
Crowns/tooth caps						
Stainless steel crowns	X				Once per 24 months	
Metal (only) crowns	X				Once per 60 months	
Metal/porcelain crowns	X				Once per 60 months	
Porcelain (only) crowns	X				Once per 60 months	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				One per tooth per lifetime	
Root canals on permanent teeth	X				One per tooth per lifetime	



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Gum (periodontal) therapy						
	X				Four quadrants per 12 months, minimum 4 affected teeth/quadrant or four per 12 months, one to three affected teeth in quadrant	
Dentures						
Partial dentures	X			1 x every 5 years	Must replace 1 or more anterior teeth, or replaces 2 or more posterior teeth unilaterally or three or more posterior teeth bilaterally, excluding 3rd molars.	
Complete dentures	X			1 x every 5 years		
Bridges			X			



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
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Orthodontics*						
Retainers (orthodontic)		X				Orthodontics are only covered for eligible children with cases of severe orthodontic abnormality caused by genetic deformity (such as cleft lip or cleft palate) or traumatic facial injury resulting in serious health impairment to the beneficiary at the present time.
Braces		X				



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment		X			Orthodontics are only covered for eligible children with cases of severe orthodontic abnormality caused by genetic deformity (such as cleft lip or cleft palate) or traumatic facial injury resulting in serious health impairment to the beneficiary at the present time.	
Cancer treatment		X			Prophylaxis (preventive) extractions under the following circumstances: Organ transplant workup, Intraoral radiation workup, heart valve replacement, Immunodeficient states for which prophylactic extractions are medically justified, Potential life-threatening condition.	
Treatment of fractures	X					
Biopsies	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
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Treatment of jaw joint problems (TMJ)			X			
Emergency room services provided by a dentist	X					
Inpatient Hospital Services	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia	X					Extensive or complex oral surgical procedures such as: Impacted wisdom teeth, Surgical root recovery from maxillary antrum, Surgical exposure of impacted or unerupted cuspids, Radical excision of lesions in excess of 1.25 cm



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
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Intravenous conscious sedation	X					Extensive or complex oral surgical procedures such as: Impacted wisdom teeth, Surgical root recovery from maxillary antrum, Surgical exposure of impacted or unerupted cuspids, Radical excision of lesions in excess of 1.25 cm
Non-intravenous conscious sedation			X			
Analgesia (nitrous oxide)	X					



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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).